

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1956

State File No. **22724**

BIRTH NO. _____		REG. DIST. NO. <b>10</b>		PRIMARY REG. DIST. NO. <b>5033</b>		Registrar's No. <b>139</b>	
1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural - Loutre</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Martinsburg</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AFB Martinsburg Mo</b>				d. STREET ADDRESS (If rural, give location) <b>no street address</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b>		b. (Middle) <b>-</b>		c. (Last) <b>CARR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 12 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 10, 1880</b>		9. AGE (In years last birthday) <b>76</b>	10. UNDER 1 YEAR Months <b>5</b> Days <b>2</b>	11. UNDER 100 HRS. Hours <b>1</b> Mins. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining, Laborer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Audrain County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Paris Carr</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Morris</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-01-5271</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Carr Martinsburg Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Dilatation</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Generalized Atherosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Nephritis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>40 minutes</b> <b>2 years</b> <b>5 years</b> <b>2 years</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ADDRESS <b>4221</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>_____</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>_____</b>					
22. I hereby certify that I attended the deceased from <b>6/8, 1954</b> , to <b>7/8, 1956</b> , that I last saw the deceased alive on <b>7/8, 1956</b> and that death occurred at <b>7 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Thomas J. Swyer, M.D.</b>		23b. ADDRESS <b>Mexico, Mo.</b>		23c. DATE SIGNED <b>7/14/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/14/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Benton City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Benton City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>July 14-1956</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>T.B. Wells Wellsville Mo</b>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.